## PART B-ISSUE FEE TRANSMITTAL

implete and mail this form, together with applicable fees, to:

Box ISSUE FEE Assistant Commissioner for Patents Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for
maintenance fee notifications.
CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

## **Certificate of Mailing**

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

DAVID E DOUGHERTY
TWO SKYLINE PLACE
5203 LEESBURG PIKE
SUITE 600
FALLS CHURCH VA 22041-3401

(Signature)

(Depositor's name)

								(Date)	
APPLICATION NO.		FILING DATE	TOTAL CLAINS	,	EXAMINER AND GROUP ART UNIT			DATE MAILED	
_				`					
First Named Applicant	<del>- 08/926, 4</del>	<del>78 09/10/9</del> 7		AVILA	<del>. S</del>		3612	06/24/9	
TITLE OF	KYLE,		JAME	<del>25 H</del>					

TITLE OF INVENTION

PLASTIC PORT ASSEMBLY

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1. Change of correspondence address Use of PTO form(s) and Customer N  Change of correspondence addre PTO/SB/122) attached.  "Fee Address" indication (or "Fee	or indication of "Fee Address Jumber are recommended, but less (or Change of Correspond	ut not required.	2. For printin (1) the name attorneys or the name of member a r and the name	g on the patent front page, so of up to 3 registered pat agents OR, alternatively, a single firm (having a egistered attorney or age es of up to 2 registered pat agents. If no name is listed,	ent 1 <u>David</u> (2) s a ent) 2	00 09/24/9 E. Dougherty, Es
3. ASSIGNEE NAME AND RESIDENCE PLEASE NOTE: Unless an assignment Inclusion of assignee data is only at the PTO or is being submitted under filling an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY & STATE OF Please check the appropriate assign individual corporation or the CONNESSIONED CONNESS	ar on the patent. usly submitted to it a substitue for on the patent)	Solution   Solution				
The COMMISSIONER OF PATENTS A (Authorized Signature)	ND TRADEMARKS IS reque	sted to apply the Is		plication identified above.		
NOTE; The Issue Fee will not be acceptor agent; or the assignee or other party Trademark Office.  Burden Hour Statement: This form depending on the needs of the indivito complete this form should be sen Office, Washington, D.C. 20231. DC ADDRESS. SEND FEES AND THIS Patents, Washington D.C. 20231  Under the Paperwork Reduction Act of information unless it displays a va	is estimated to take 0.2 holdual case. Any comments it to the Chief Information (D NOT SEND FEES OR COS FORM TO: Box Issue Feof 1995, no persons are reg	9,576 9  Applicant; a region of the Pater  urs to complete.  on the amount of officer, Patent ar  DMPLETED FOR e, Assistant Corr	stered attorney nt and  Time will vary time required nd Trademark IMS TO THIS Imissioner for	09/11/1998 CASHBY 01 FC:242 02 FC:561	00000028 089264 6	78 60.00 UP 9.00 UP